





TEAM ENGLAND

OFFICIAL SEA ANGLING TEAM MANAGER/ASSISTANT - APPLICATION FORM

This application is for consideration as a manager of an Official England National Sea Angling Team.

Name:				Address	S:	
Date of Bir	th:			-		
Member of which Angling Trust affiliated Club(s):				Postcode: Telephone No: E-mail Address:		
Angling Trust Individual Membership Number:						
Team for which you wish to be considered Manager/Assistant Manager (please circle which position):						
Shore Ever Home –	nts: Seniors	Ladies	Youth	- U23	Junior - U16	
World –	Seniors	Ladies	Junior	- U21	Youth - U16	Masters
	Pairs	Casting				
Boat Event Home –	s: Senior Boat	Youth Boat				
World –	Senior Boat	Youth Boat	Big Ga	me		

1. Do you possess an Ang Coaching Qualification?		2. Do you possess any other Coaching Qualifications?	
3. Please provide details coaching experience:	of any		
 Have you been subject to a DBS check (Applicable if applying 1 Junior and Youth Team 		5. Have you attended a Child Protection Course? (Junior and Youth teams only)	Dates:
6. Have you ever manage Angling team?	d an Yes/No	If yes, please provide details:	
8. Have you acted as a m for other anglers?	entor Yes/No	If yes, please provide details:	
10. Please provide details other management or organisational experier qualifications:	-		
11. Have you fished at international level?	Yes/No	12. If yes please provide details:	
13. Have you competed at particular venue(s); if s please give details:			
14. Within this space prov	ded, state why you she	ould be selected:	

Name:	
Relationship to you:	
Contact Number:	
Email:	
Name:	
Relationship to you:	
Contact Number:	
Email:	

please ensure that you complete the application as legibly as possible.

- 1. Any falsification of information supplied in this application will not be viewed favourably by the Selectors and may lead to the applicant being disqualified.
- 2. You, your nominated referee, or any match organisers may be contacted by any Selector to clarify information provided.
- 3. Applicants must be prepared to meet all their costs, albeit that some sponsorship may be available from the Sport England and/or other sources.
- 4. In the event of successful applicants obtaining their own sponsorship, the Chairman of the National Team & Competition Group must be informed immediately.

We will be requiring you to submit a self-disclosure form and undergo and enhanced DBS check for this role. Please indicate if you are happy to do this.	Yes / No
Have you, or are you prepared to purchase the official clothing/uniform and will you wear it when required?	Yes / No
Sports persons are occasionally subjected to testing for prohibited drugs/ banned substances, are you content to undergo such test?	Yes / No
I confirm the information within this application is correct and if selected I agree to abide by the Code of Conduct published by the Angling Trust.	Yes / No

Signature: Date:

Return completed forms to: Kelly Latimer, Angling Trust, The Old Police Station, Wharncliffe Road, Ilkeston, Derbyshire DE7 5GF or email: <u>kelly.latimer@anglingtrust.net</u>